

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18897

State File No. _____

Registrar's No. 274

Registration District No. 316

Primary Registration District No. 0075

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs. 10 mos. 28
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME LULU DELCOUR

3. (b) If veteran, name war No 3. (c) Social Security No. Unk.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 20, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 9 27 hr. min.

9. Birthplace Sullivan Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House work.

11. Industry or business Anthony W. Delcour

12. Name Sullivan Missouri
(City, town, or county) (State or foreign country)

13. Birthplace Jane Ennor Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sullivan Missouri
(City, town, or county) (State or foreign country)

15. Birthplace Records State Hospital No. 4

16. (a) Informant Farmington, Mo.

17. (a) Burial (b) Date thereof 5-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem., Leadington, Mo.

18. (a) Signature of funeral director Gish Funeral Home,

(b) Address Piedmont, Mo.

19. (a) 5-29-1943 (b) Byndie Bukhmer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne Co.
(c) City or town Piedmont
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1943 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from March 30, 1943 to May 17, 1943
that I last saw him alive on May 17, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Pneumonia

Due to _____

Due to Psychosis with convulsive disorder (epilepsy) 6-19-40
(3 yrs +)

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Lillian A. Crenshaw (M. D. or other) 21/4

Address State Hospital # 4 Date signed 5/17/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 4
District File Number 643-227
Date Filed 6-5-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

Beal J. Miller

Licensed Embalmer No. 3753

P. O. Address

Farmington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.